

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

The Hawkeye PAC

ADDRESS (number and street)

PO Box 7255

☐Check if different  
than previously  
reported. (ACC)

Des Moines

IA

50309

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00379479

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☒July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gina Noll

Signature of Treasurer

Electronically Filed by Gina Noll

Date

07

08

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 26

Write or Type Committee Name  
The Hawkeye PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	35970.12
(b) Cash on Hand at Beginning of Reporting Period .....	35839.35	
(c) Total Receipts (from Line 19) .....	65000.00	144000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	100839.35	179970.12
7. Total Disbursements (from Line 31) .....	62753.58	141884.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38085.77	38085.77
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

The Hawkeye PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3000.00	20500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3000.00	20500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	62000.00	123500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	65000.00	144000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	65000.00	144000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	65000.00	144000.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	9503.58	27634.35	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	9503.58	27634.35	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	96500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	13250.00	17750.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	62753.58	141884.35	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62753.58	141884.35	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	65000.00	144000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65000.00	144000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9503.58	27634.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9503.58	27634.35

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

A.

Full Name (Last, First, Middle Initial)

Aegon Usa Inc PAC

Mailing Address 1111 North Charles Street

City

Baltimore

State

MD

Zip Code

21201

FEC ID number of contributing  
federal political committee.

C

C00236414

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 00708.C1609

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Aflac Inc. PAC

Mailing Address 1932 Wynton Road

City

Columbus

State

GA

Zip Code

31999

FEC ID number of contributing  
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: 00708.C1616

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

American Academy Of Ophthalmology PAC

Mailing Address 655 Beach St

City

San Francisco

State

CA

Zip Code

94109-1342

FEC ID number of contributing  
federal political committee.

C

C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: 00708.C1614

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

American Association Of Nurse

Mailing Address Anesthetists Separate Segregated F  
222 South Prospect Ave

City State Zip Code  
Park Ridge IL 60068

FEC ID number of contributing  
federal political committee.

**C** C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: 00708.C1611

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

American Council Of Life Insurers PAC

Mailing Address 101 Constitution Avenue Nw  
Suite 700 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00147066

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: 00708.C1613

Amount of Each Receipt this Period

2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 14th St NW Ste 1100

City State Zip Code  
Washington DC 20005-5627

FEC ID number of contributing  
federal political committee.

**C** C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

Transaction ID: 00708.C1606

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)  
American Health Care Association PAC

Mailing Address 1201 L St NW

City State Zip Code  
Washington DC 20005-4024

FEC ID number of contributing  
federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: 00708.C1618

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
American Podiatric Medical Association

Mailing Address Podiatry PAC  
9312 Old Georgetown Rd

City State Zip Code  
Bethesda MD 20814-1621

FEC ID number of contributing  
federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 1 0

Transaction ID: 00708.C1608

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
AmerisourceBergen Corp. PAC

Mailing Address 1300 Morris Dr Ste 100

City State Zip Code  
Chesterbrook PA 19087-5559

FEC ID number of contributing  
federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: 00708.C1615

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Amgen Inc. Political Action Committee

Mailing Address 601 13th St NW FI 12

City

Washington

State

DC

Zip Code

20005-3819

FEC ID number of contributing  
federal political committee.

**C**

C00251876

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: 00708.C1607

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Build PAC of Ntl Assoc of Home Builders

Mailing Address 1201 15th St NW

City

Washington

State

DC

Zip Code

20005-2800

FEC ID number of contributing  
federal political committee.

**C**

C00000901

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 00708.C1622

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Caremark RX Inc Employees PAC

Mailing Address 1300 I St NW Ste 525W

City

Washington

State

DC

Zip Code

20005-3314

FEC ID number of contributing  
federal political committee.

**C**

C00384818

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 1 0

Transaction ID: 00415.C1604

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Caremark RX Inc Employees PAC

Mailing Address 1300 I St NW Ste 525W

City

Washington

State

DC

Zip Code

20005-3314

FEC ID number of contributing  
federal political committee.

**C**

C00384818

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00708.C1630

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Federal Express PAC

Mailing Address 942 S Shady Grove Rd

City

Memphis

State

TN

Zip Code

38120-4117

FEC ID number of contributing  
federal political committee.

**C**

C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00708.C1627

Amount of Each Receipt this Period

3000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

HSBC North America PAC

Mailing Address 26525 N Riverwoods Blvd

City

Mettawa

State

IL

Zip Code

60045-3428

FEC ID number of contributing  
federal political committee.

**C**

C00033423

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: 00708.C1612

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Massachusetts Mutual Life Insurance

Mailing Address Company PAC  
1295 State StreetCity State Zip Code  
Springfield MA 01111FEC ID number of contributing  
federal political committee.**C** C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	0

Transaction ID: 00708.C1617

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Metlife Inc. Employees Political

Mailing Address Participation Fund A  
1095 Avenue of the AmericasCity State Zip Code  
New York NY 10036FEC ID number of contributing  
federal political committee.**C** C00040923

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: 00708.C1626

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

National Association of Realtors PAC

Mailing Address 430 N Michigan Ave

City State Zip Code  
Chicago IL 60611-4011FEC ID number of contributing  
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	1	0

Transaction ID: 00708.C1623

Amount of Each Receipt this Period

3000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)  
National Council of Farmer Cooperatives

Mailing Address CO-OP/PAC  
50 F St NW Ste 900

City State Zip Code  
Washington DC 20001-1530

FEC ID number of contributing  
federal political committee. **C** C00002238

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 00708.C1624

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
OppenheimerFunds, Inc. PAC

Mailing Address 1295 State St

City State Zip Code  
Springfield MA 01111-0001

FEC ID number of contributing  
federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00708.C1625

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
PAC of the American Association of

Mailing Address Orthopaedic Surgeons  
317 Massachusetts Ave NE Fl 1

City State Zip Code  
Washington DC 20002-5769

FEC ID number of contributing  
federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 1 0

Transaction ID: 00415.C1605

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Pfizer Inc. PAC

Mailing Address 235 E 42nd St

City

New York

State

NY

Zip Code

10017-5703

FEC ID number of contributing  
federal political committee.

**C**

C00016683

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: 00708.C1619

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

United Parcel Service Inc. PAC

Mailing Address 55 Glenlake Pkwy NE

City

Atlanta

State

GA

Zip Code

30328-3474

FEC ID number of contributing  
federal political committee.

**C**

C00064766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: 00708.C1620

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

62000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

A.

Full Name (Last, First, Middle Initial)

Barbara Mixon

Mailing Address 3105 Topping Ln

City

Chagrin Falls

State

OH

Zip Code

44022-6649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/a

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 00708.C1621

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Linda E. Tarplin

Mailing Address 1212 New York Ave NW Ste 1050

City

Washington

State

DC

Zip Code

20005-6135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tarplin, Downs & Young LLC

Occupation

Attorney

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: 00708.C1610

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

3000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles E. Grassley

Mailing Address 31705 Westbrook St

City  
Cedar Falls

State  
IA

Zip Code  
50613-8317

Purpose of Disbursement  
travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00708.E833

Date of Disbursement

/   /

Amount of Each Disbursement this Period

332.68

TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

Charles E. Grassley

Mailing Address 31705 Westbrook St

City  
Cedar Falls

State  
IA

Zip Code  
50613-8317

Purpose of Disbursement  
REIMBURSEMENT: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00708.E846

Date of Disbursement

/   /

Amount of Each Disbursement this Period

269.00

REIMBURSEMENT: SEE BELOW

**C.**

Full Name (Last, First, Middle Initial)

US Senate Restaurant

Mailing Address First & C St NE

City  
Washington

State  
DC

Zip Code  
20510-0001

Purpose of Disbursement  
generic meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00708.E847

Date of Disbursement

/   /

Amount of Each Disbursement this Period

269.00

**[MEMO ITEM]**

MEMO: GENERIC MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

601.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bistro Bis Mailing Address 15 E St NW	<b>Transaction ID:</b> 00708.E827 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20001-1706 Purpose of Disbursement generic catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>425.00</div> <b>GENERIC CATERING</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Bistro Bis Mailing Address 15 E St NW City Washington State DC Zip Code 20001-1706 Purpose of Disbursement generic catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00708.E830 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 4 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>634.51</div> <b>GENERIC CATERING</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Capital Knowledge Consulting Mailing Address PO Box 7255 City Des Moines State IA Zip Code 50309- Purpose of Disbursement bookkeeping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00708.E822 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <b>BOOKKEEPING</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3059.51**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Charlie Palmer Steak DC	<b>Transaction ID:</b> 00708.E844 <b>Date of Disbursement</b>																				
Mailing Address 101 Constitution Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
City Washington State DC Zip Code 20001-2133	Amount of Each Disbursement this Period																				
Purpose of Disbursement generic meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">595.00</td> </tr> </table>	595.00																			
595.00																					
Category/Type GENERIC MEALS																					
<b>B.</b> Full Name (Last, First, Middle Initial) Federal City Caterers	<b>Transaction ID:</b> 00708.E826 <b>Date of Disbursement</b>																				
Mailing Address 1119 12th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	0												
City Washington State DC Zip Code 20005-4632	Amount of Each Disbursement this Period																				
Purpose of Disbursement generic catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">127.55</td> </tr> </table>	127.55																			
127.55																					
Category/Type GENERIC CATERING																					
<b>C.</b> Full Name (Last, First, Middle Initial) Janet Bain Company	<b>Transaction ID:</b> 00708.E845 <b>Date of Disbursement</b>																				
Mailing Address 1333 New Hampshire Ave, NW Suite 419	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
City Washington State DC Zip Code 20036-	Amount of Each Disbursement this Period																				
Purpose of Disbursement generic fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">4400.00</td> </tr> </table>	4400.00																			
4400.00																					
Category/Type GENERIC FUNDRAISING FEE																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**5122.55**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

A.

Full Name (Last, First, Middle Initial)

Swing for Health

Mailing Address 110 Rocksylvana Ave

City  
Iowa Falls

State  
IA

Zip Code  
50126-2431

Purpose of Disbursement  
charitable contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00708.E838

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

CHARITABLE CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

9033.74

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

A.

Full Name (Last, First, Middle Initial)  
Friends of Sharron Angle

Mailing Address PO Box 33058

City State Zip Code  
Reno NV 89533-3058Purpose of Disbursement  
G-2010Candidate Name  
SHARRON E ANGLEOffice Sought: ☐ House  
☒ Senate  
☐ President

State: NV District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 00708.E860

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

G-2010

B.

Full Name (Last, First, Middle Initial)  
Friends of Kelly Ayotte

Mailing Address PO Box 233

City State Zip Code  
Nashua NH 03061-0233Purpose of Disbursement  
P-2010Candidate Name  
KELLY A AYOTTEOffice Sought: ☐ House  
☒ Senate  
☐ President

State: NH District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00708.E859

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

P-2010

C.

Full Name (Last, First, Middle Initial)  
Friends of Roy Blunt

Mailing Address PO Box 50100

City State Zip Code  
Springfield MO 65805-0100Purpose of Disbursement  
G-2010Candidate Name  
ROY BLUNTOffice Sought: ☐ House  
☒ Senate  
☐ President

State: MO District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 00708.E849

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

5000.00

G-2010

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 26

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Boozman for Arkansas	<b>Transaction ID:</b> 00708.E858 <b>Date of Disbursement</b>
Mailing Address 322 S Bloomington St Ste A-B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Lowell AR 72745-9780	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement G-2010	<div>2500.00</div>
Candidate Name JOHN BOOZMAN	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00	G-2010
<b>B.</b> Full Name (Last, First, Middle Initial) Boozman for Arkansas	<b>Transaction ID:</b> 00708.E850 <b>Date of Disbursement</b>
Mailing Address 322 S Bloomington St Ste A-B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 0</div> </div>
City State Zip Code Lowell AR 72745-9780	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement G-2010	<div>2500.00</div>
Candidate Name JOHN BOOZMAN	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00	G-2010
<b>C.</b> Full Name (Last, First, Middle Initial) Dan Coats for Indiana	<b>Transaction ID:</b> 00708.E853 <b>Date of Disbursement</b>
Mailing Address PO Box 301141	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 1 0</div> </div>
City State Zip Code Indianapolis IN 46230-1141	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement G-2010	<div>2500.00</div>
Candidate Name DANIEL R COATS	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00	G-2010

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 26

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> 00708.E854 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Ste 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814-4420 Purpose of Disbursement G-2010 Candidate Name CARLY FIORINA Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> G-2010
<b>B.</b> Full Name (Last, First, Middle Initial) Kirk for Senate	<b>Transaction ID:</b> 00708.E843 <b>Date of Disbursement</b>
Mailing Address PO Box 8	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 4 / 2 0 1 0</div> </div>
City Winnetka State IL Zip Code 60093-0008 Purpose of Disbursement G-2010 Candidate Name MARK STEVEN KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> G-2010
<b>C.</b> Full Name (Last, First, Middle Initial) Miller-Meeks for Congress	<b>Transaction ID:</b> 00708.E842 <b>Date of Disbursement</b>
Mailing Address 11674 90th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 0</div> </div>
City Ottumwa State IA Zip Code 52501- Purpose of Disbursement G-2010 Candidate Name MARIANNETTE JANE MILLER-MEEKS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> G-2010

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC**A.** Full Name (Last, First, Middle Initial)  
Portman for Senate Committee

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-

Purpose of Disbursement  
G-2010Candidate Name  
ROB PORTMANCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: 00708.E857

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

G-2010

**B.** Full Name (Last, First, Middle Initial)  
Rand Paul for US Senate

Mailing Address 1332 Andrea St

City Bowling Green State KY Zip Code 42104-3334

Purpose of Disbursement  
G-2010Candidate Name  
RAND PAULCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: 00708.E852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

G-2010

**C.** Full Name (Last, First, Middle Initial)  
Zaun for Congress

Mailing Address PO Box 42221

City Urbandale State IA Zip Code 50323-0983

Purpose of Disbursement  
P-2010 DEBTCandidate Name  
BRAD ZAUNCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 03

Transaction ID: 00708.E862

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

P-2010 DEBT

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

A.

Full Name (Last, First, Middle Initial)

Jim Gibbons for Congress

Mailing Address PO Box 71712

City  
Clive

State  
IA

Zip Code  
50325-0712

Purpose of Disbursement  
P-2010 DEBT

Candidate Name  
JIM GIBBONS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 03

Transaction ID: 00708.E861

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

P-2010 DEBT

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

40000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Polk County GOP	<b>Transaction ID:</b> 00708.E825 <b>Date of Disbursement</b>
Mailing Address 621 E 9th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 9 / 2 0 1 0</div> </div>
City Des Moines State IA Zip Code 50309-5505	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>750.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Republican Party Of Iowa And Its Eisenho	<b>Transaction ID:</b> 00708.E848 <b>Date of Disbursement</b>
Mailing Address 621 East 9th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 0</div> </div>
City Des Moines State IA Zip Code 50309-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Governor Branstad 2010	<b>Transaction ID:</b> 00708.E864 <b>Date of Disbursement</b>
Mailing Address 1324 274th Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 1 0</div> </div>
City Boone State IA Zip Code 50036-7141	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**8250.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Findley for Iowa Mailing Address PO Box 451	<b>Transaction ID:</b> 00708.E829 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div>
City Dexter State IA Zip Code 50070-0451 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Findley for Iowa Mailing Address PO Box 451 City Dexter State IA Zip Code 50070-0451 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00708.E821 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Findley for Iowa Mailing Address PO Box 451 City Dexter State IA Zip Code 50070-0451 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00708.E856 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

A.

Full Name (Last, First, Middle Initial)  
Team Iowa PAC

Mailing Address 400 Locust St Ste 330

City State Zip Code  
Des Moines IA 50309-2450

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00708.E851

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

13250.00